

## FINGER STRAPPING

I have a patient who sustained fracture of the base of the left middle phalanx after the motorbike accident. He has been splinted for 4 weeks and can now mobilise according to Doctor, with buddy strapping for 2 months and then for two weeks.

The middle left finger is swollen and very stiff. How do I strap the finger and where do I get the buddy strapping?

Regard,

Mosamo

**Dear Mosamo**

Thank you for the question, the response from the ASKLEUKO panel is as follows:

"Buddy Strapping" is a useful protective taping technique of fingers to avoid further injury and restrict undesired movement during the healing phase.

Assuming the fracture involves the middle phalanx of the left middle finger, the technique involves taping the middle finger to the ring finger, the "Buddy". A strip of 25mm Leukoband S (or alternatively you could tear the 50mm Leuko Sportstape Premium into 25mm wide strips) is applied circumferentially over the proximal phalanx of both the middle and ring fingers. Another strip is applied around the middle phalanx of the middle and ring fingers. A further strip can be applied around the distal phalanges. The proximal and distal interphalangeal joints must not be covered so that these joints can be mobilised actively or passively. A thin strip of Cotton wool can be placed in-between the fingers.

A rule for buddy taping is:

Injuries to the index finger is "buddy" taped to middle finger, the middle finger is "buddy" taped to the ring finger and vice versa. Injuries to the little finger is "buddy" taped to the ring finger. The taping should be changed regularly (1-2x weekly) with careful inspection of the skin.

## Ulna Carpal Instability



Ulna carpal instabilities due to failure of the triangular fibrocartilage complex (TFCC) usually involve a

twisting of the wrist under load, and may involve a fall. Signs and symptoms include ulna sided wrist pain, a prominent ulna head, a supinated carpus, good range of motion and reduced grip strength.

A relocation test combining the movements of pronation and antero-posterior glide of the carpus on the ulna to gain normal alignment is positive ie: pain is reduced. The TFCC stress/shear test may also be positive.

Conservative management for a dynamic instability is a strapping program, combined with activity modification (avoiding ulna deviation, loading the ulna side of the wrist, and rotational activities), grip strengthening and eccentric extensor carpi ulnaris strengthening.

### **Strapping Technique:**

Use Leukotape P for the rigidity that is needed to maintain the re-alignment of the carpus, which is the purpose of the strapping.

1. Elbow supported on table and flexed to 90°. Wrist neutral. Fingers relaxed.
2. Anchor strip (1/2 width) from mid palm down midline of arm, ending about 10cm along forearm
3. Two "ulna strips" from mid palm, wrapping around ulna side of the hand, finishing back on anchor. Each strip overlaps by 1/3. As strip is applied, apply force to pronate and AP glide the carpus on the ulna to gain correct alignment.
4. A radial strip running from mid palm down across the thenar eminence (to secure the ulna strips) finishing on the dorsum of the hand.
5. A third ulna strip is added (covering second ulna strip by 1/3).
6. End by taping one strip (1/2 width) from mid palm through the web space and another strip from mid palm unary, both finishing mid dorsal hand to prevent lifting of the tape in the palm.
7. This taping procedure is preceded by use of Fixomull in the same pattern as the main taping.

Please forward any queries or comments with respect to injuries, techniques or Leuko products to [askleuko@bsnmedical.com](mailto:askleuko@bsnmedical.com) for advice from the Leuko Strapping Panel, who are members of the South African Society of Physiotherapy. Selected questions will be loaded onto the BSN Medical website [www.bsnmedical.co.za](http://www.bsnmedical.co.za) for reference purposes.

**Refer to the Leuko Strapping Guide for basic guidelines.**



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